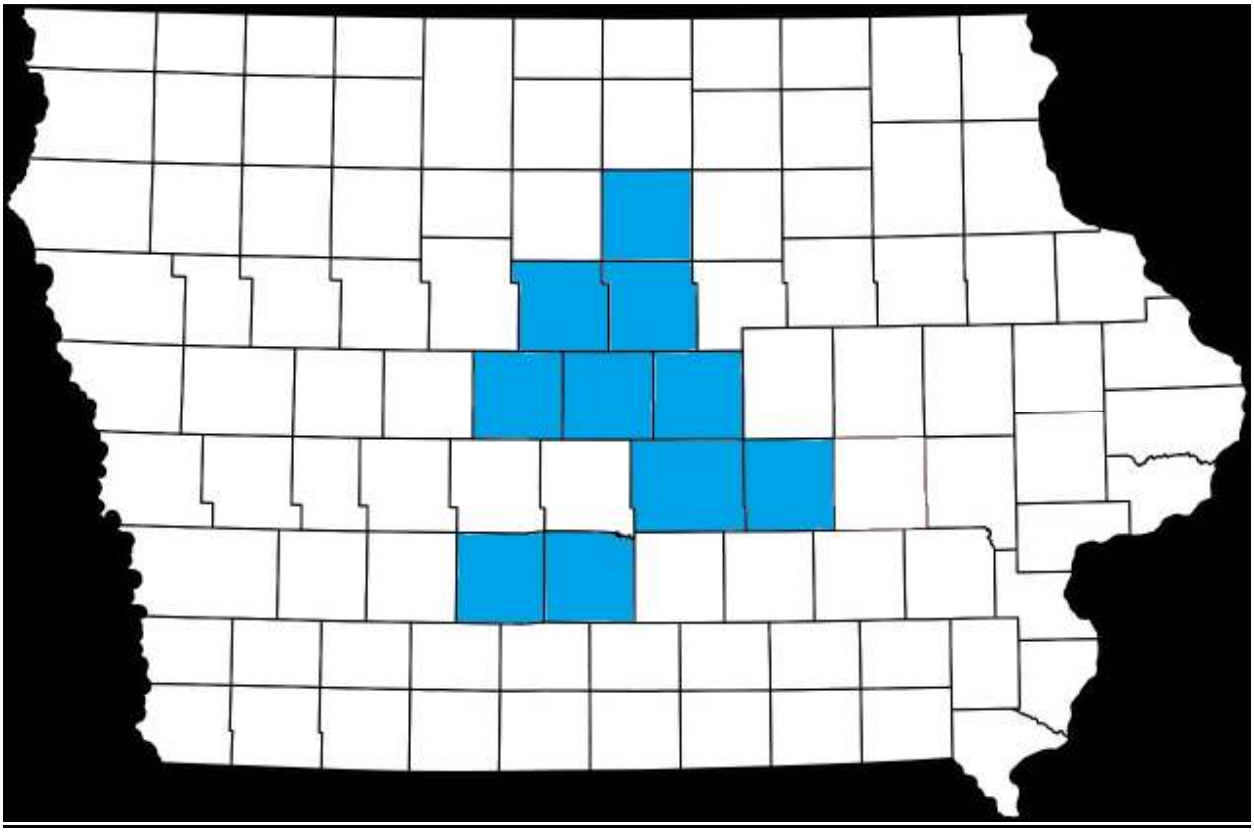
Central Iowa Community Services
Mental Health and Disability Services

Transition Plan

Geographic Area: Serving the Counties of Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, and Warren.



Contents

Introduction:

This Mental Health & Disability Services initial Transition Plan is the statutorily required document for transition from County Plans to implementing Regional Policies and Procedures. Required elements include steps to accomplish the following:

- Designate local access points for the disability services administered by the region.
- Define the service access and service authorization process to be utilized for the region.
- Designate the region's targeted case manager providers funded by the medical assistance program.
- Identify the service provider network for the region.
- Establish business functions, funds accounting procedures, and other administrative processes.
- Identify the information technology and data management capacity to be employed to support regional functions.
- Comply with data reporting and other information technology requirements identified by the department.

Central Iowa Community Services (CICS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390 in July 2013. CICS's approach to shifting from a county operated system to the regional system will focus on maintaining strengths of the current system while developing best practices including performance measures and benchmarks.

Transition Process

Team Leader	Chief Executive Officer
Access Points	Information, Communication/Policy Committee
Service Access and Authorization	Information, Communication/Policy Committee
Case Management	County Enterprise Committee
Provider Network	Contracting/Rate Setting Committee
Business Functions	Executive/ad hoc Committee
Information Technology and Reporting	Finance Team/IT Committee
System Evaluation	Administrative Team

Access Points

Committee Assigned: Information, Communication/Policy Committee

Entry/Access Points is the first point of contact for someone seeking mental health and disability services. CICS has retained previous county designated access points to access the regional service system. (Attachment A) Additional network providers and partners may also be designated as access points to expand entry to MHDS funding. Access points are educated to respond to the individual's stated and assessed needs by providing linkage to appropriate programs. Examples of entry points include health care providers, hospitals, corrections, clerk of court offices, advocates as well as designated Access Points. As entry points are identified, information and training is required to become a designated access point. CICS requires ongoing training on the referral and application process for all funding streams.

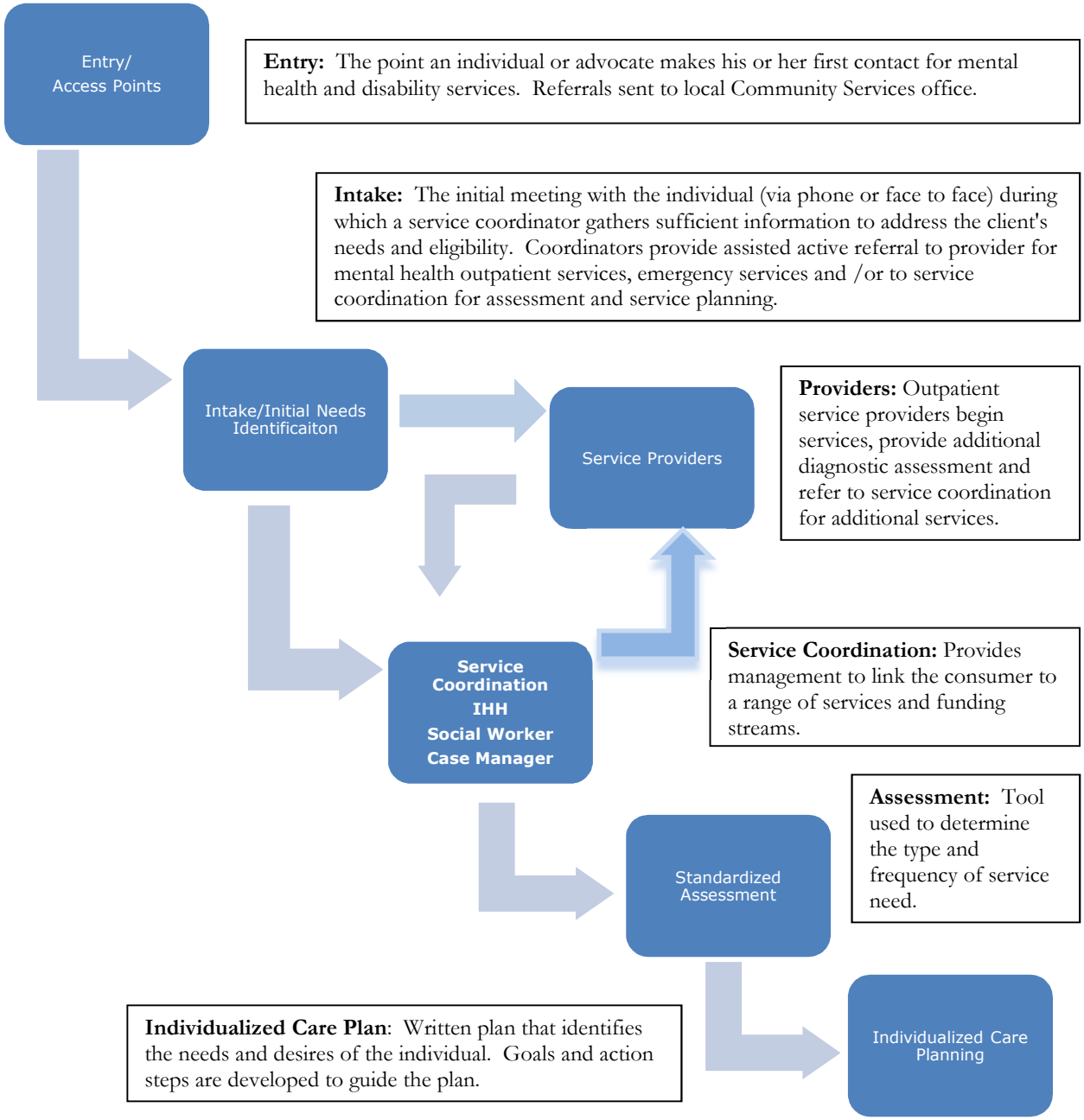
Service Access and Service Authorization Process

Committee Assigned: Information, Communication/Policy Committee

Eligibility

Accessing services and service authorization continues at the local level. A new applicant for funding has the right to have eligibility for benefits determined as quickly as possible to ensure access to adequate services. County offices are responsible for eligibility determination and funding authorization to ensure rapid response in the manner described above. Training is required for the staff responsible for receiving and processing applications using best standard practices. Internal procedures are being written by CICS Administrative Team to standardize eligibility determination process. These procedures will be used in training new staff as needed. Key components include:

Chart 1



Process:

Entry/Access Points: The first point of contact for someone seeking mental health and disability services. Examples of entry points include health care providers, hospitals, corrections, clerk of court offices, advocates as well as designated access points. Access points are required to send completed applications or referrals by the end of the working day that the contact is received.

Referrals: Intake workers located in county offices will take self-referrals or access point referrals conducted with the individual's consent for the purpose of further assessment for care, treatment or funding. Referrals may be made from any part of service delivery system.

- ***Self-Referral:*** A consumer or advocate takes responsibility for contacting another service provider(s) to make a referral on their own behalf. The service provider will contact the local Community Services Office to determine funding for services.
- ***Assisted Active Referral:*** Service providers within the service system make a referral on behalf of a consumer. Assisted active referral includes:
  - initial verbal contact with the receiving agency
  - discussion about referral requirements
  - anticipated appointment time (waiting list considerations)
  - appropriate documentation forwarded
  - feedback to referring agency
  - determination of funding source(s)

Initial Needs Identification: Intake also provides initial brief screening and assessment for the purpose of appropriate referral to service provider. Referrals are prioritized based on presenting issues, needs, and risk assessment.

Criteria for Eligibility:

If applicant meets the general eligibility criteria located in Section F of the Policies and Procedures manual (Attachment B)and needs treatment services, the intake staff will inform the applicant of the provider options and refer them to appropriate services with the provider they choose.

If individuals need other services or supports the intake worker informs the individual what additional information or verification is needed and how to obtain that information. The intake worker also informs the individual what service and supports are available. The service matrix including who is eligible to receive services and supports by eligibility group is included in Attachment C of the Policies and Procedures Manual. (Attachment C)

If individuals are eligible for case management or integrated health home (IHH), intake staff will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services or supports and are not eligible for case management or integrated health home, staff will refer the individuals to regional social workers for service coordination.

Service Coordination: Case managers, IHH or regional social workers provide another link to funding and providers. Those involved in service coordination may request regional funded services as needed. Service coordination may assist in scheduling individuals for a standardized functional assessment if required.

Assessment: Individualized services are determined in accordance with the standardized functional assessment. The assessment will be used in the Individualized Care Plan to determine services and units of services funded.

Individualized Care Planning: Includes the gathering and interpretation of comprehensive assessment information, and creating strategies with the consumer about their ongoing care and support. Service coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the consumer to identify goals and implement strategies, actions and services to achieve those goals. This may involve linking the consumer to a range of services, identifying how self-management support, education and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

Service Authorization

Request for Services: Service coordination and intake workers request services on behalf of the individuals based on the initial needs identification or standardized assessment. Requests for outpatient services will be handled by the intake workers. Services will be authorized by County Directors. Timely eligibility determination includes the issuance of a **Notice of Decision** (NOD). The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment.

Timeframes:

Emergency services and treatment services will be initiated by referral to the provider the applicant chooses immediately following the eligibility determination and shall not exceed 10 days, however the goal for CICS offices is a timely referral within of 3 working days for treatment services and same day referrals for emergency services. If a functional assessment for support services is required it will be scheduled within 90 days. Once an individual's functional assessment is received, individuals will be referred for services to a provider of choice and issued a Notice of Decision within 10 days.

Benchmarks:

Local offices are required to participate in a process evaluation designed to monitor activities to ensure the service system is operating effectively, and help guide decisions about potential improvements. The Administrative Team is establishing a method to conduct regular, ongoing reviews of individual records for each member county to insure compliance with best practice guidelines.

Designation of Targeted Case Management Providers

Committee Assigned: County Enterprise Committee

Designated case management agencies serving CICS are accredited according to the rules of the Department of Human Services. Targeted Case Managers meet the qualifications as defined in IAC 441-24.1(225C). CICS offers access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g.

CICS Region Governance Board designated the following Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program for Fiscal Year 15.

- County Community Services Case Management serving Boone, Hamilton and Madison Counties
- Poweshiek County Case Management serving Poweshiek County
- Central Iowa Case Management serving Franklin, Hardin, Marshall and Story Counties
- Warren County Case Management serving Jasper and Warren Counties

Provider Network Formation and Management

Committee Assigned: Contracting/Rate Setting Committee

The Contracting/Rate Setting Committee (CRS) made up of a maximum of 5 members of the Administrative Team appointed by the CEO oversees rate setting and contracting functions.

CICS's development of the provider network includes the continuation of relationships with participating county network providers. The list of contracted providers is located in the Annual Service and Budget Plan. (Attachment D). CICS has developed a process of building the provider network that includes the use of request for proposals and startup funds. CICS will consider providing assistance for implementation of core and core plus services, for decentralizing services and to meet the access standards associated with services.

Eligibility to Contract with CICS

In order to contract with CICS, a provider must meet at least one of the following criteria:

- Be currently licensed, accredited, or certified by the State of Iowa, or
- Be currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (such as JCAHO, CARF, etc.), or
- Currently contracting with a CICS member county, or
- If CICS does not have a provider for a needed service with an established provider, a request from Non-Traditional Provider.

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team) or that the provider shall provide service(s) that will enhance the service system following the process listed below:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), consumer's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the Region.

2. Provider shall complete a Provider Network Application. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information. Criteria for consideration includes:
    - Priority for core and core plus services
    - Unmet need for the proposed services
    - Unmet access standard for proposed services
    - Provider experience in providing the services
    - Documented consumer outcomes, and family/ consumer satisfaction
    - Retention of consumers in other programs
    - Coordination with other provider agencies
    - Evidence of individualized services
    - Relationship with other regions the agency serves
    - Funding source for the service
    - Financial viability of the agency

3. The Region shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning CICS's MH/DS Plan.

The CRS Committee makes a recommendation to the Administrative Team. Upon approval by the Administrative Team the contracting/rate setting process is initiated with the new provider.

Regional Contracts

All MHDS contracts utilize a standard contract template approved by the CICS Governing Board. All contracts for MHDS services are annual contracts based on a July 1st to June 30th fiscal year. Discretion for all contracting and rate setting issues rests with the CICS Governing Board and not with individual member counties.

Contracting/Rate Setting Structure

CICS utilizes the CRS Committee for all contracting/rate setting matters.

Contracting/Rate Setting Process

Contracting and rate negotiation matters shall be handled in one of the following methods:

- The CRS Committee, or committee representatives designated by the CRS Committee Chair, shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation being reviewed by the full CRS Committee, or,
- The "host" county Community Services Director, as designated by the CRS Committee, shall meet with a current or prospective contracting party to negotiate contract terms and rates. The host county Community Services Director shall present their recommendation to the full CRS Committee. The CRS Committee shall have discretion to accept, reject, or change the recommendation.

Upon review, the CRS Committee presents a recommendation to the Administrative Team. The Administrative Team reviews the recommendation of the CRS Committee and may accept, reject, or change the recommendation. The Administrative Team makes a recommendation to the CICS Governing Board. All contracting/rate setting matters require action of the CICS Governing Board.

Rate Setting Terms

There is an expectation that providers complete a cost report. Any exception must be approved by the Administrative Team, upon recommendation by the CRS Committee. Rates established and approved by the State (such as HCBS Waiver, Hab Services, etc.) shall be acceptable rates for regionally funded comparable services. All rates and rate changes shall be effective July 1st of each year. A rate established for a new service, or provider, shall be in effect until the following June 30th. Any exceptions for mid-year rate changes must be authorized by the CRS Committee. CICS will honor and utilize rates established by other MHDS regions for providers outside of CICS.

Quality Assurance

The CRS Committee and/or Administrative Team may establish outcome measures in order to measure performance and progress. The CRS Committee may initiate billing or other audits of provider records if warranted on an "as needed" basis.

Outcomes:

Improving Outcomes using Evidence-Based Practices (EBP)

CICS staff participated in training coordinated by the Community Services Affiliate of Iowa Association of Counties and provided by Technical Assistance Funds. The Administrative Team is currently working to develop the first steps in the process, including the following:

- Identify funding
- Review of EBP including: Assertive Community Treatment, Illness Management and Recovery, Family Psychoeducation, Integrated Treatment for Co-occurring MH/SA Disorders, Permanent Supportive Housing, Supported Employment
- Implementation in rural areas

Implementing Multi-occurring Policy:

CICS will encourage providers to participate the Comprehensive Continuous Integrated System of Care (CCISC) process provided by ZiaPartners (Cline and Minkoff) throughout Iowa. All parts of the current MHDS system must commit to addressing the needs of individuals with multi-occurring conditions. Therefore, engaging the provider network and partnering with the CICS advisory board will be the first step in this process.

1. A Regional steering committee will be developed to coordinate the implementation of the quality improvement process by engaging the provider network and partnering with the CICS advisory board.
2. Steering committee will recommend a mechanism for collecting and communicating quality improvement information related to the progress of each program, and to the region as a whole.
3. Steering committee will establish procedures for implementation region wide for process including.
    - Workforce development
        - Forming partnerships at all staff levels
        - Establish training requirements for all staff levels
        - Technical Assistance
    - Requesting Policies and Procedures amendments
    - Program improvement

Business Functions, Funds Accounting Procedures and Other Administrative Processes

Committees Assigned: Executive and ad hoc Committee

Regionalization seeks to expand the geographic reach and scope of services available while increasing organizational efficiency and effectiveness. Since the conception of redesign of the MHDS system, numerous system changes at the state level have brought about unintended consequences for counties, individuals and providers. The counties of CICS entered into a 28E in July 2013 to begin implementing changes over time to minimize adverse effects on consumers and providers and to delicately balance local management with regional guidance. The following flow chart shows the proposed transition from county to regional management.

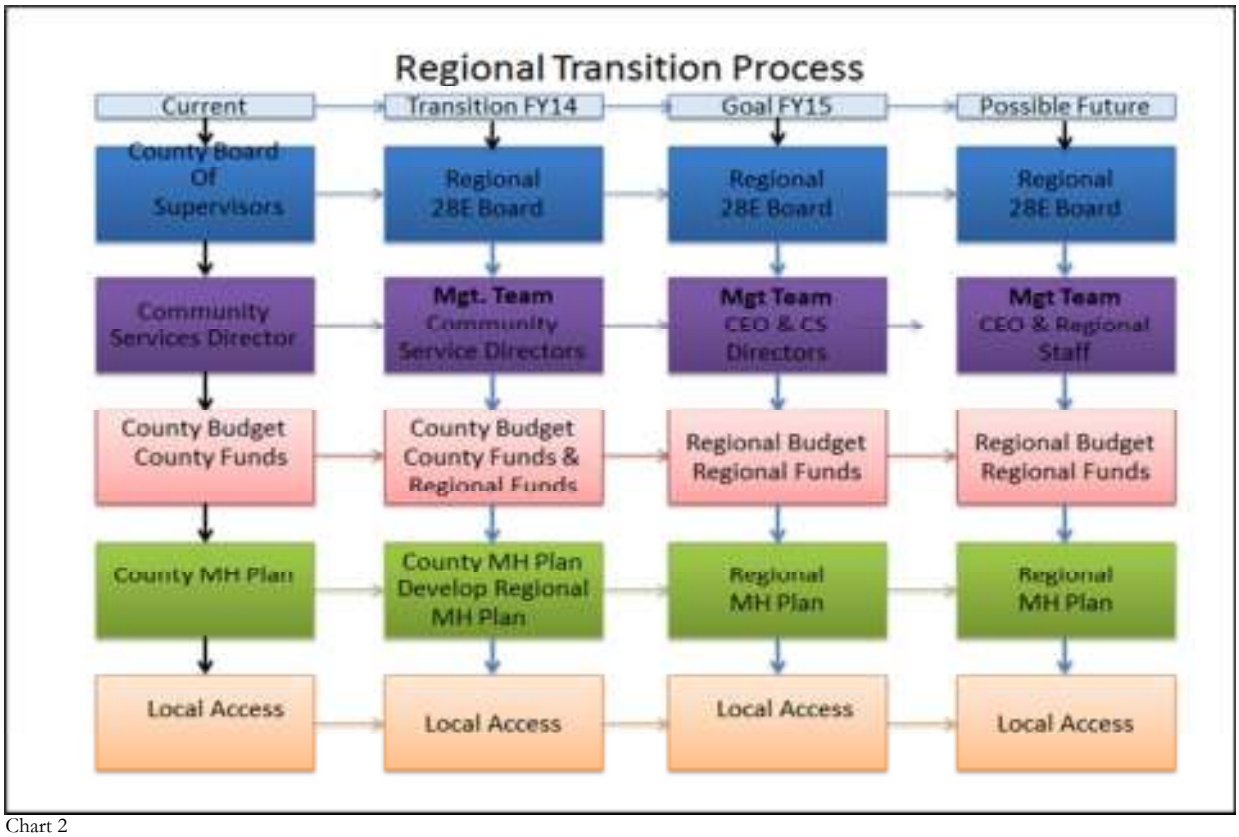


Chart 2

28E Board:

The transition from local Boards of Supervisors to Governing Board was accomplished by the use of a 28E and bylaws implementing operating procedures for the Governing Board. The CICS 28E was approved by each County Board of Supervisors, recorded with the Secretary of State in July of 2013. The agreement was submitted to the Department of Human Services for review. On January 31, 2014 County Boards of Supervisors received notification from the Department of Human Services that the 28E did not meet the requirements. The 28E is being amended to meet the requirements.

Funds:

All funds received by the member counties for MHDS from any source are considered regional funds whether in the Region pooled funds account or a member county's MHDS fund balance.

Member counties contributed to the Region pooled fund. Each member county contributed 10% of projected ending MHDS FY 14 fund balance, not to exceed $50,000, to the Region.
Madison County has been designated as CICS fiscal agent by the Governing Board. Pooled regional funds shall be administered by the fiscal agent subject to the provisions of the fiscal policies. Regional funds, both pooled and county held funds, are used to pay all costs of the Region and are managed by the CEO, or staff designated by the Region, in compliance with the law, direction from the Governing Board and documented in the fiscal policies.

Accounting Procedures:
The pooled funds account will be used to pay for region projects as well as availability to cover expenses when local funds are insufficient. The following protocol will be used:

- The CEO will review/approve all claims and send to the Fiscal Agent for payment
- Fiscal Agent would create monthly financials for the Governing Board to review
- If a member county's fund balance falls below a designated amount they can apply for pooled funds to avoid a disruption in service funding for their residents using the following protocol:
    - Counties projects ending monthly fund balances for the FY to determine if there are sufficient funds to process bills until receiving revenue
    - If insufficient funds exist, the member County submits an application to the Administrative Team Finance Team Chair
    - Finance Team reviews request and makes a recommendation of action to the Governance Board.

The Governing Board authorized member Counties to continue to use locally held Regional Fund 10 dollars to support administrative and service claims using the general accounting procedures of their respective county including reconciliation of financial transaction, voucher approval process through local board of supervisors, retention of claims and records and in accordance with Regional contracts in place and within the boundaries of the Regional Management Plan.

- MHDS staff are required to enter and pay claims in the CSN database and submit expenditures and revenue reports to the Administrative Finance Team to ensure compliance with allowable expenditures.
- This Finance Team is responsible for reviewing member county reports and compiling and preparing combined reports for the Governing Board.

Additionally this Finance Team is responsible for the budgeting and allocation process. All MHDS accounts shall be audited annually by a certified public accountant certified in the state of Iowa that is retained by the respective member county.

The Governing Board appointed an Oversight Finance Committee made up of representative from member counties Auditors and Treasurers, Administrative team members and representative from the Governing Board. This committee is responsible for reviewing Fiscal Policy changes and making recommendations to the Governing Board. The Committee will review monthly regional financial reports and review all other recommendations from the Admin. Team to the Governance Board regarding fiscal matters.

The Governing Board has the decision making power to determine when and if all funds will be pooled in the Fiscal Agent account.

Policies and Procedures:
The regional plan will be implemented pending notification of approval by the Director of the Department of Human Services. The plan can and will be amended following the procedure in the management plan. Internal policies and processes will be implemented when completed and approved by the Governing Board including: Intake and Eligibility, Service Coordination, Contracting/Rate Setting Policies, HIPAA Policies, Budget Planning, Financial Reporting, Provider Payment and Quality Assurance.

Local Access:
One of the major concerns we heard from providers and consumers was the fear they would be required to travel to enroll in services. We will maintain our local offices for enrollment and service coordination**.**

Other Administrative Processes:
CEO and Administrative Team:
CICS is maintaining the local county offices as the foundation of the service delivery system. Community Services Directors (CSDs) from each county make up the initial Administrative Team and will act as Coordinators of Disability Services. The Chief Executive Officer (CEO) was appointed by the Governing Board. The CEO is the single point of accountability in the Region. For FY 2014 Committees were formed to address the regional functions while each Community Services Director continued to provide the local management. The CSDs remain employees of their respective counties with a statement of understanding between the Governing Board and the individual county Boards of Supervisors that identifies the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region. In April 2014, the Administrative Team sought technical assistance to implement the next phase of the structure. For Fiscal Year 2015 the CEO will assign the administrative responsibilities and required functions (Chart 3) to the Regional Administrative Team based on member's strengths and proficiencies.

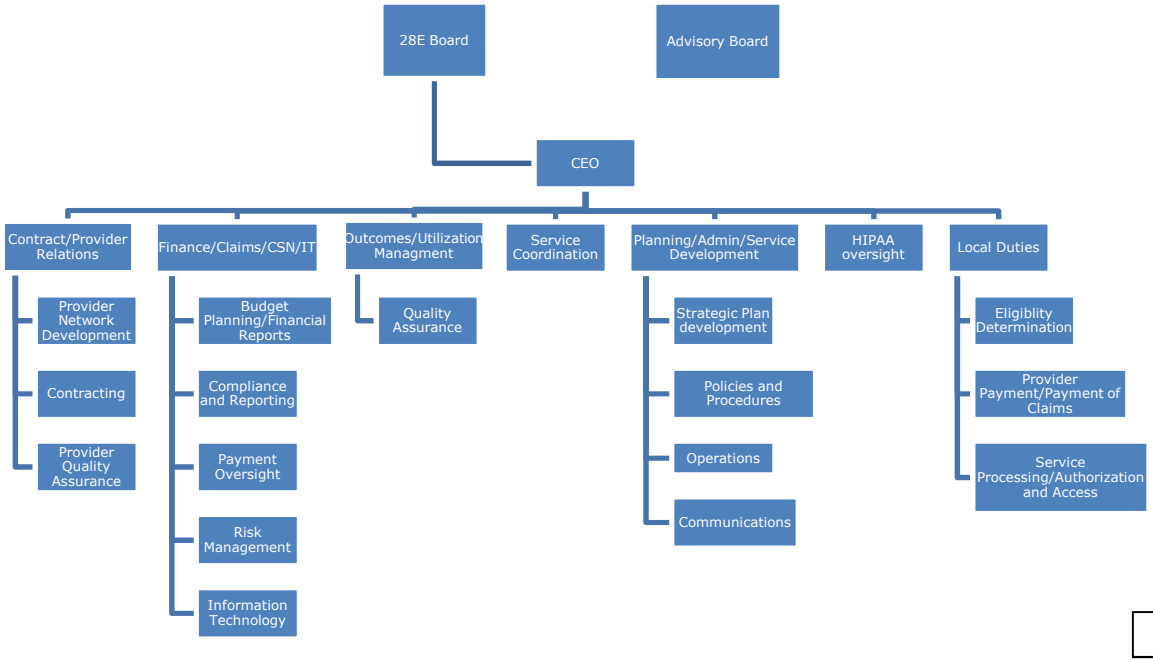


Chart 3

Various committees meet as needed and report to the Administrative team with recommendations. The Administrative team holds monthly meetings to process information to present to the Governing Board. Recommendations are presented to the Governing Board for final decisions.

Information Technology and Data Management Capacity

Committee Assigned: Finance Team/Information Technologies

Iowa Association of Counties hosts the Community Services Network (CSN) (Attachment D), a data management system with the vision to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the DHS reporting requirements including client identifier, demographic information, eligibility group, expenditure data concerning the services and other support provided to each individual, as specified by the department.

Local offices will be required to participate in ongoing trainings for the CSN database. Each local office will be required to meet performance measures including:

- All applications entered or updated within 10 days of receipt of application.
- All bills will be processed through CSN prior to payment using established chart of accounts codes.
- All eligible bills shall be paid within 30 days of receipt of required documentation.
- All payments with approved funding authorizations are 100% compliant.
- Maintain 100% compliance with HIPAA.

Additionally, CICS is looking for options for SharePoint/website for sharing internal and external data. The committees, along with the Information Technology staff from the member counties, are discussing available options.

Compliance with Data Reporting

Fiscal Year 2015 annual reports will be completed by the Finance Team and will encompass region-wide required data as requested by the Department of Human Services. All counties in CICS currently utilize and will continue to use CSN to support both county and regional functions. All CICS counties are required to use CSN for the following:

- Budget and finance
- Client demographics information
- Individual funding requests
- Claims
- Provider information
- Provider services and rates.

Data Reporting through System Evaluation

The Administrative Team will establish outcome measures in order to gauge performance and progress in the measurement domains identified in 2014 Code of Iowa 225C.6A: access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and family natural supports.

CICS will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. CICS will initially use the statistical data from CSN to develop reports that will help to establish measures. Next, a determination will be made about what additional data should be collected, where the data will come from and what the cost is to collect the data. While statistical data can be generated through our current data system, information will also need to be collected from providers as well as from service recipients and their families, requiring development of surveys. CICS will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.

CICS's initial focus is to develop a process to analyze data that aligns with Code of Iowa 225.C.4 on the following:

- Access standards for required core services.
- Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
- Utilization rates for inpatient and residential treatment, including:
  - Percent of enrollees who have had fewer inpatient days following services.
  - The percentage of enrollees who were admitted to the following:
    - State mental health institutes;
    - Medicaid funded private hospital in-patient psychiatric services programs;
    - State resource centers; and
    - Private intermediate care facilities for persons with intellectual disabilities.
- Readmission rates for inpatient and residential treatment
  - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
    - State mental health institutes
    - Medicaid funded private hospital in-patient psychiatric services programs
    - State resource centers
    - Private intermediate care facilities for persons with intellectual disabilities.
- Employment of the persons receiving services.
- Administrative costs.
- Data reporting.
- Timely and accurate claims payment.

Members of the Governing Board and Administrative Team will participate in the following:

- Analysis of system performance
- On-site reviews of system components
- Review of complaints, appeals, and grievances
- Act as an advisory board for supervision and oversight for designated components of the MH/DD service system.

CICS will include consumers and families in local and regional advisory committees in all aspects of program planning, operations, and evaluation. The Regional Advisory Board, which includes Governing Board and Administrative Team members, providers, consumers, and families from member counties, will participate in the following activities:

- Revisions of CICS Policies & Procedures Manual
- Review of "best practices" standards

- Development of outcome and satisfaction measures
- Collection of stakeholder satisfaction information through interviews and focus groups
- Make recommendations for improvement of the service system.

Attachment A
Access Points

Access Point	Address	Phone number
Boone County Community Services	900 W 3rd St. Boone IA 50036	515-433-4889
Eyerly Ball Community Mental Health Services	105 S Marshall, Boone, IA 50036	515-298-0181
Genesis Development	927 8th Street, Boone, IA 50036	515-432-7288
Franklin County Community Services	123 1St Ave SW Hampton IA 50441	641-456-2128
Hamilton County Community Services	500 Fairmeadow Dr. Webster City IA 50595	515-832-9550
Berryhill Center for Mental Health	1610 Collins Street Webster City IA	515-832-6626
Van Diest Medical Center	2350 Hospital Drive Webster City IA	515-832-9400
Hardin County Community Services	1201 14th Ave Eldora IA 50627	641-939-8168
Ellsworth Hospital Behavioral Health /Freedom House	520 Talbott St., Ste. 3, Iowa Falls, IA	800-648-5481
Center Associates	9 North 4th Ave., Marshalltown, IA	641-752-1585
Hardin County FIA Friendship Club	602 South Oak St., PO Box 622, Iowa Falls, IA.	641-648-7500
Jasper County Community Services	115 N 2nd Ave E, Newton IA	641-791-2609
Advance Therapy Solutions/Optimae LifeServices	1730 1st Ave E, Newton IA	641-787-9133
Capstone Behavioral Healthcare, Inc	306 N 3rd Ave E, Newton IA	641-792-4012
House of Mercy	200 N 8th Ave E, Newton IA	641-840-0612
Madison County Community Services	209 E Madison St, Madison IA	515-462-3076
Crossroads Mental Health	1223 E Buchanan Street, Winterset, IA 50273	515-462-3105
Genesis Development	115 E Washington, Winterset IA 50273	515-462-9083
Madison County Memorial Hospital	300 W Hutchings Street, Winterset, IA 50273	515-462-2373
Marshall County Community Services	101 East Main, Marshalltown IA	641-754-6390
Center Associates	9 N. 4th Ave. Marshalltown, IA	641-752-1585
Central Iowa Residential Services Inc.	111 E Linn St Marshalltown, IA	641-752-5762
MIW, Inc.	909 S. 14th Ave. Marshalltown, IA	641-752-3697
Poweshiek County Community Services	120 West St, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA	515-663-2930
Story County Community Life Program	104 S. Hazel Avenue, Ames, IA	(515) 956-2600
Eyerly Ball Community Mental Health Services	2521 University Boulevard, Suite 121, Ames, IA	(515) 598-3300
Story County Medical Center	640 South 19th Street, Nevada, IA	(515) 382-2111
Mary Greeley Medical Center	1111 Duff Avenue, Ames, IA	Adult Behavioral Unit - (515) 239-2683 Emergency Room - (515) 239-2155 TLP - (515) 239-6747
Cherokee Mental Health Institute	1251 West Cedar Loop, Cherokee, IA	(712) 225-2594
Warren County Community Services	1011 N Jefferson Way Suite 900, Indianola IA	515-961-1068
Eyerly-Ball Mental Health	1301 Center St. DSM, IA 50139	515-243-5181
Orchard Place Guidance	808 5TH Ave, DSM, IA, 50309-1307	515-244-2267
Genesis Development	1809 W 2nd Ave, Indianola, IA 50125	515-961-6918
Christian Opportunity Center	1602 N 14th St Indianola, IA 50125	515-961-3653

Attachment B

F. Eligibility (IAC 441-25.21(1)c)

General Eligibility

CICS shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.

The individual is at least eighteen years of age.

Or

a) An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
b) An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.

The individual is a legal resident of the state.

Financial Eligibility

The individual complies with financial eligibility requirements in IAC 441-25.16

Income Guidelines: (IC 331.395.1)

a) Gross incomes 150% or below of the current Federal Poverty Guidelines.
b) At the discretion of the CICS, applicants with income above 150% may be eligible for regional funding with an individual copayment as specified in this manual.

c) The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitative Services, etc.) shall be followed if different than those established in this manual.

d) In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the CICS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by CICS.

2) Resources Guidelines: Iowa Code 331.395

An individual must have resources that are equal to or less than $2,000 in countable value for a single-person household or $3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.

- The countable value of all countable resources, both liquid and non-liquid, shall be

included in the eligibility determination except as exempted in this subrule.

- A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- The following resources shall be exempt:
  (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
  (2) One automobile used for transportation.
  (3) Tools of an actively pursued trade.
  (4) General household furnishings and personal items.
  (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
  (6) Cash surrender value of life insurance with a face value of less than $1,500 on any one person.
  (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

- A retirement account that is in the accumulation stage.
- A medical savings account.
- An assistive technology account.
- A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

Co-payment for services

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment shall be assessed to individuals with income equal to or less than

150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in Attachment D. A co-payment is required for those individuals with incomes between 150%-250% of poverty. This amount is collected by the service agency.

Diagnostic Eligibility
The individual must have a diagnosis or co-occurring diagnosis that includes Mental Illness or Intellectual Disability,

Mental Illness

Individuals who at any time during the preceding twelve-month period had a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

Intellectual Disability

Individuals who meet the following three conditions:
1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.
(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association) or the most recent approved by the State of Iowa.

The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

<u>Acceptable verification for Diagnostic requirements</u>
If a psychological or psychiatric evaluation or other acceptable verification of diagnosis is not available, CICS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Assistance to Other than Core Populations (IAC441-25.21(1)2)
If funds are available, CICS shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability and children to the extent allowable by law.

"Persons with developmental disabilities" means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

Attachment C

Service Matrix

*Individuals with multioccuring conditions or issues may receive service other than those listed under their primary diagnosis.

Core Services		Eligible Diagnostic Groups			
Service or support	**Description**	**MI**	**ID**	**DD**	**Access Standards**
Assessment and evaluation (psychiatric or psychological evaluations and standard functional assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	X	X	X	Assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks.
Case management (targeted case management and service coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	X	X	X	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	X	X	X	Within 24 hours

Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	X	X	X	
Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	X	X	X	
Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	X	X		

Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	X	X		Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	X	X	X	
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	X	X	X	Referral shall be within 60 days of request for such service.

Medication management	Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.	X			
Medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	X			
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.	X			Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, CICS shall reimburse at the current Medicaid rate.

Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	X			Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	X	X	X	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles is residing in rural area.
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	X	X		
Prevocational services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X	X	
Residential care facilities	Community facility providing care and treatment	X	X		
Respite services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X	X	

Supported employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	X	X	X	Initial referral shall take place within 60 days of request.
Supported community living services	Services provided in a noninstitutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	X	X	X	First appointment shall occur within 4 weeks of the request
Twenty four hour crisis response		X	X		Available through Community Mental Health Centers
Commitment related (evaluations, sheriff transport, legal representation, mental health advocate	Court ordered services related to mental health commitments	X	X		Court order

Priority 2 Services	Description	Target Populations MI	DD	Additional Populations DD	Conditions
Dual diagnosis treatment (Mount Pleasant)	Treatment services for severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.	X	X		Voluntary Dual Diagnosis treatment at Mt Pleasant MHI, must have prior approval from CICS, and may be granted on an individual basis. Costs shall be split equally between Mental Health funds and Substance Abuse funds.
Transportation	Needed Transportation	X	X	X	
Basic needs (rent, utilities)	Assistance for rent, utilities etc.	X	X		Not meant to be ongoing
Information; referral services	Service that informs individuals of available services and programs	X	X		
Public education services	To educate the general public about the realities of mental health and mental illness.	X	X		
Homemaker services	Homemaking and personal care services	X	X	X	
Prescription medicine	Prescription psychiatric medications for persons having a mental health diagnosis	X			3 month limit. All other means of payment must be considered
Peer drop in	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	X	X	X	

Standardized functional assessment must support the need for all services of the type and frequency identified in the individual's case plan.

Attachment D

Contracted Providers

Host County	Provider
Boone	Boone Co Transport
	County Community Services Case Management
Franklin	Access, Inc.
Hardin	Ellsworth Hospital
	Friendship Club
Hamilton	Berryhill Center
	Friends Forever
	MIDAS
Jasper	Capstone
	House of Mercy
	Jasper Co Home Care
	Optimae Life Services
	Progress Industries.
Madison	Crossroads MHC
	Mad. Co. Pub. Transportation
Marshall	Center Associates
	CIRSI
	Mid-Ia. Workshop
	Region 6 Peoplerides
	REM Ia.
Poweshiek	Diamond Life
	Grinnell Regional Hospital

Story	Ames Counseling
	Anne McCrea
	Arc Story County
	Central Iowa Psych. Services
	Central Iowa Case Mgmt.
	Consumer Credit Counsel.
	Eyerly Ball
	Gabrielle Barloon, MD
	Gloria Billings
	HIRTA Transit
	Homeward
	Journey Counseling
	Legal Aid of Story Co.
	Lutheran Services of Iowa
	Mainstream Living
	Mary Greeley Med Cr
	Mosaic
	NAMI Story Co.
	Pam Caviness
	Story Co. Community Life
	Youth and Shelter Services
Warren	Christ Opportunity Center
	Warren Co Case Management

County Community Services Network (CSN)

Mental Health | General Assistance | Substance Abuse | Case Management |ETC

The CSN software package includes the following functionality; Client Management (PHI), Provider Management, Service Authorizations, Electronic Claims Filing and Processing, Targeted Case Management, Case Management Electronic Billing, Reporting, Financials and Budgeting, Entity Profiles, User profiles, Extensive role based security, Flexible Entity Access, AdHoc Reporting, and an Electronic Clearing House. Currently 98 counties and, approximately 40 case management agencies use CSN to manage their business. There are 500 users and over 200,000 clients.

Functionality

Client Management
- Demographics
- Medical and Prescription drug Information

Provider Management

Authorizations for Service

Claims
- Electronic claims
- Adjudication against Funding Authorizations and other requirements
- Multi-step review process
- Voucher & Remittance Advice Generation
- Electronic submission to the Auditor's Accounting Software & Reconciliation

Case Management
- Service Authorizations
- Management of Goals and Outcomes
- PDF Form generation as mandated by Iowa Code
- Extensive Client Contact tracking
- Quality Review
- Electronic Billing & Receivables

Reporting
- AdHoc Reporting (July 1)
- Canned reports
- State Compliance reporting

Financials
- Flexible Budgeting & Revenue Tracking & Reports
- Custom General Ledger codes per Entity

User profiles

Extensive security based on HIPAA regulations (this is expanding)

Flexible Entity Access
- County, region or provider (limited) based
- Users may be affiliated with multiple entities and providers

We also maintain an electronic clearing house for our providers.

Contact Information

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